

#### **APPLICATION DATA SHEET**

#### **Application Information**

App	lication	num	ber::
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Filing Date::

Application Type::

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: AMMONIUM SULFATE FOR

January 25, 2002

Regular

**NEUTRALIZATION OF INHIBITORY EFFECTS** 

770025.401 Attorney Docket Number::

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

**Total Drawing Sheets::** 7

Small Entity?:: No

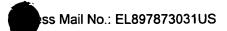
Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No



#### First Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Christian

Middle Name::

Family Name:: Korfhage

Name Suffix::

City of Residence:: Langenfeld

State or Province of Residence:: Rhld

Country of Residence:: Germany

Street of mailing address:: Sepp-Herberger Str. 6C

City of mailing address:: Langenfeld

State or Province of mailing address:: Rhld

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 40764

#### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Ralf

Middle Name::

Family Name:: Wyrich

Name Suffix::

City of Residence:: Grevenbroich

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Muhlenhof 4

2

City of mailing address::

Grevenbroich

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

41516

## Third Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

**Full Capacity** 

Given Name::

Uwe

Middle Name::

Family Name::

**Oelmuller** 

Name Suffix::

City of Residence::

Erkrath

State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

Millrather Weg 46

City of mailing address::

Erkrath

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

40699

## **Correspondence Information**

Correspondence Customer Number ::

00500

## Representative Information

Representative Customer Number::		00500
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# **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/264,508	01/25/01
This application	Non-provisional of	60/264,488	01/26/01

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::	QIAGEN GmbH
Street of mailing address::	Max-Volmer-Str. 4
City of mailing address::	Hilden
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	40724